

**WASHINGTON COUNTY
TUITION REIMBURSEMENT FORM**

Name: _____ **Address:** _____

City: _____

Job Title: _____

Course(s) to be reimbursed:

Educational Goals:

Total Tuition/Fees: _____
(Not to include books, labs, etc.)

Start Date: _____ **End Date:** _____

Approved: _____ **Denied:** _____

Employee Signature

Supervisor Signature

Employees participating in this Tuition Reimbursement Program will be required to sign below indicating that fifty (50) percent of all funds received under this program from the County will be returned to the County if the employee terminates within one (1) year of receiving reimbursement.

Employee Signature

Date

To receive reimbursement, the employee must submit a final grade report at the end of the course to the Human Resource Department, showing course completion with a minimum of a C grade, or a passing grade in non-graded courses.